



3618

RECEIVED

JAN 10 2001

TC 2600 MAILROOM

Please type a plus sign (+) inside this box → ☐PTO/SB/21 (8-98)
Approved for use through 09/30/2000. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/483,445
	Filing Date	01/14/2000
	First Named Inventor	D. Cleveland et al
	Group Art Unit	3618
	Examiner Name	Unknown
Total Number of Pages in This Submission	Attorney Docket Number	DCLEVE-001A

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Notice of Address Change & Status Inquiry
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

RECEIVED

JAN 08 2001

TC 2600 MAILROOM

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Stetina Brunda Garred & Brucker - Lowell Anderson
Signature	<i>Lowell Anderson</i>
Date	12/19/00

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 12/19/00			
Typed or printed name	Carnie Allen		
Signature	<i>Carnie Allen</i>	Date	12/19/00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DCLEVE-001A



RECEIVED

JAN 10 2001

CERTIFICATE OF MAILING
TC 2600 MAILROOM

RECEIVED

JAN 08 2001

TO 3600 MAIL ROOM

✓

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231 on the date indicated below:

I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10, Express Mail No. EL646854429US on the date indicated below and is addressed to Assistant Commissioner for Patents, Washington, D.C. 20231 on the date indicated below

on December 19, 2000
(Date)

Signature

Carrie E. Allen

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

1. Transmittal;
2. Notice of Address Change and Status Inquiry;
3. Certificate of Mailing; and
4. Return Postcard